

4/6/87

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

105d7193

FILING DATE

APPLICANT(S)

12/23/85

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9	/		/				59						
10	/		/				60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14	/		/				64						
15	/		/				65						
16	/		/				66						
17	/		/				67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22	/		/				72						
23	/		/				73						
24	/		/				74						
25	/		/				75						
26	/		/				76						
27	/		/				77						
28	/		/				78						
29	/		/				79						
30	/		/				80						
31	/		/				81						
32	/		/				82						
33	/		/				83						
34	/		/				84						
35	/		/				85						
36	/		/				86						
37	/		/				87						
38	/		/				88						
39	/		/				89						
40	/		/				90						
41	/		/				91						
42	/		/				92						
43	/		/				93						
44	/		/				94						
45	/		/				95						
46	/		/				96						
47	/		/				97						
48	/		/				98						
49	/		/				99						
50	/		/				100						
TOTAL IND.	28	12	16	8	10	6							
TOTAL DEP.	28	12	16	8	10	6							
TOTAL CLAIMS	56	24	32	16	20	12							

U.S. DEPARTMENT OF COMMERCE